

ADAPTED PHYSICAL EDUCATION IN
SELECTED IOWA HIGH SCHOOLS

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CHAPTER I

THE PROBLEM, DEFINITION OF TERMS USED, PREVIEW OF THE STUDY, AND A REVIEW OF THE LITERATURE

In most of our schools there are students who have physical or mental disabilities that make it difficult for them to participate in the regular physical education program. If the school is to fulfill its responsibility of educating all students, regardless of physical or mental makeup, it is evident that the physical education program should be adapted to include them.

I. THE PROBLEM

Statement of the problem. It was the purpose of this study to determine, by the use of a questionnaire, (1) the physical and mental disabilities that are now, or have been, present in selected Iowa high schools, (2) to what extent Iowa high schools are meeting the needs of the physically or mentally disabled student in the physical education program, and (3) what is accepted as a basis for being excused from, or returning to physical education classes.

Importance of the study. In 1962 it was estimated that there were approximately four million children in the United States who required special education because of a

handicap. Of this number, more than 3.5 million received regular class instruction, whereas the remaining pupils attended special schools.¹ Not counted in this large population are those children whom the physical educator might consider to be handicapped according to the objectives of his profession. This would include the student with such problems as poor motor coordination, lack of strength, obesity, and impaired body mechanics.

Although it is pleasing to note that the number of exceptional children receiving special educational services in 1965 was the largest ever reported, it is significant that 89 per cent of the estimated four million exceptional children of school age in the United States are attending regular schools.² Probably in many of these school systems, exceptional children are being cared for adequately by "capable and understanding teachers," but it probably is equally true that many exceptional children are still going without the special instruction they should have. It would be reasonably safe to assume that the majority of exceptional children attending regular schools is in the latter category.³

¹Robert Kruse, Donald K. Mathews, and Virginia Shaw, The Science of Physical Education For Handicapped Children (New York: Harper Brothers, 1962), p. 1.

²Arthur S. Daniels and Evelyn A. Davies, Adapted Physical Education (New York: Harper and Row, 1965), p. 7.

³Ibid.

It has been estimated that between five and ten per cent of the school age population will suffer some type of physical or mental deficiency requiring special educational consideration.¹

In view of the foregoing information it can readily be seen that it is important to determine what Iowa high schools are doing to offer physical education for all students and if necessary use this information to improve their programs.

II. DEFINITIONS OF TERMS USED

Exceptional pupils. Students are classed as exceptional when they are so different in mental, physical, emotional, or behavioral characteristics that in the interest of equality of educational opportunity, special provisions must be made for their proper education.

Atypical. The atypical students are those who because of physical, mental, or emotional differences cannot display the reactions and patterns of behavior of the normal segment of society.

Adapted. The term "adapted" is used to describe the modification of the physical education program to fit the needs of the atypical student.

¹Hollis F. Fait, Adapted Physical Education (Philadelphia: W. B. Saunders Co., 1960), p. 20.

Normal. Normal individuals are considered to be those who display reactions and behavior patterns which are the most widely accepted by our society.

III. PREVIEW OF THE STUDY

How the study was carried out. To determine what is being done in Iowa high schools to fulfill the needs of the atypical student in physical education, a questionnaire was developed and distributed to selected schools.

To obtain a good sampling, schools in Iowa were classified according to enrollment; below 200, 200 to 399, 400 to 699, and above 700. The state was divided into five geographical sections; northwestern, northeastern, southwestern, southeastern, and central.

The questionnaire was validated by sending one copy to the boys physical education teacher at schools in each of the classifications and sections.

Following validation, one hundred questionnaires were distributed to boys physical education teachers in Iowa, with copies being sent to five schools in each classification and section.

Eighty-three completed questionnaires were returned and were used in the study.

IV. REVIEW OF THE LITERATURE

Historical background. It is interesting to note that although societies from the earliest times down to the present century held the handicapped in disregard, fear, or ridicule, there have existed some who recognized the possibility of correcting or alleviating some conditions by means of exercises.¹

Pictures and records dating back three thousand years before Christ have been found in China depicting therapeutic use of gymnastics.

A department of corrective physical education was first established by Dudley Sargent at Harvard in 1879 with the objective of correcting certain pathological conditions.

A system of medical gymnastics, developed by Per Henrik Ling, was introduced in this country in 1884. It was a system of calisthenics of precise, definite movements designed to produce a healthier body and improved posture. Because it was believed that exercises of this nature would be beneficial to school children, programs of calisthenics were widely introduced in the public schools of that period.

Following World War I and the successful therapy techniques for paralysis victims and convalescent soldiers,

¹Fait, op. cit., p. 8.

the idea of corrective exercises for students with physical handicaps took hold. People were aroused to push for legislative and educational assistance. Soon many colleges had established corrective classes for students who were unable to participate in the regular physical education program.

However, little consideration was yet given to the idea that the disabled student could be taught to play modified forms of sports and games or that he might possibly be integrated into the regular class for part of his instruction.

By 1930 however, some fundamental changes had been initiated in physical education for the physically handicapped students. A recognition of the value of play as an educational tool to implement social, mental, and physical development became the philosophical basis for course offerings to the handicapped. Calisthenics, gymnastics, and corrective exercises were superseded in the course content by games, sports, and rhythmic activities modified to meet the individual needs of the students.

The modern adapted physical education program is based on the premise that the handicapped individual wants to be an accepted and active participant in the normal community and that he should be given every educational

opportunity to develop his potential so that he may become a well-adjusted, contributing member of society.¹

Just as special methods of instruction are used to help the exceptional student in academic subjects, so special methods of instruction should be used to help these students in attaining maximum physical development.

Need for adapted physical education. Every school has its share of students with special physical problems. It has been estimated that between five and ten per cent of the school age population will suffer some type of physical or mental deficiency requiring special educational consideration. These include such conditions as heart disturbances, hernias, limb impairments, asthma, nephritis, scoliosis, and cerebral palsy, to name only a few. Each of these handicapped children is entitled to the opportunity to achieve his optimal education, which must include optimal physical education.²

For twenty-five states studied in a national co-operative survey of health and physical education, Bookwalter reported that only four per cent of the high schools included corrective work in their physical education program.

¹Ibid.

²Ellen Davis Kelly, Adaptive and Corrective Physical Education (New York: Ronald Press, 1965), p. 11.

This concern for developmental and adapted physical education in the high schools of these states is apparently so slight as to be virtually non-existent.¹

The handicapped child consciously or otherwise seeks help in minimizing or overcoming his disability as well as acquiring a general education. The school should strive earnestly and effectively to aid the pupil in accomplishing these goals.² In doing so it should recognize that certain adjustments and adaptations in the educational program must be made. It should recognize, for instance, that the general program of physical education is designed for pupils who have no restrictions placed on their activity.

Taking cognizance of this fact, two courses of action have commonly been pursued with handicapped pupils. The first has been to excuse the child, and the second has been to place him in a "corrective program."³ Neither course of action has been found adequate in terms of the child's total needs or the potentialities of the school for meeting these needs.

¹Karl W. Bookwalter, "A National Survey of Health and Physical Education for Boys in High Schools, 1950-1954," American Academy of Physical Education, Professional Contributions No. 4, (November, 1955), 1.

²Daniels and Davies, op. cit., p. 9.

³Ibid.

Excusing the child from physical education has been regarded as a safe way out, but it is costly to the child. It is not meeting his needs. The study hall is a poor alternative to engaging in selected activities with others in his own social group.

The objectives of adapted physical education. The aim of adapted physical education is to provide, through competent leadership, a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.¹

As he becomes more skilled in the execution of motor skills in game situations, the handicapped student begins to feel less set apart from others. Skills in a wide variety of sports and games also provide the student with increased recreational opportunities, which can, in turn, promote further physical development and social growth.²

In developing and planning the program of adapted activities for the exceptional students enrolled in the

¹Ibid., p. 326.

²Falt, op. cit., p. 46.

regular school, it is essential to have an estimate of the number and nature of the disabilities of the handicapped expected to take part in the physical education program. In schools with an enrollment over 700, records from previous years can give a good estimate, but would not be reliable for a smaller school.¹

Basically the program must be planned around the individual.² It should include an understanding of the kind of disability involved, the work capacity of the student, the student's attitude toward himself and his disability, and whether or not there exists good adjustment or problems of maladjustment.

The type of class organization will be influenced by a number of factors. Some of these are: pupil needs, teaching personnel available, time, facilities, and personal philosophy. In order to meet the variety of conditions encountered in the different size schools, several types of class arrangements are possible; the separate, or segregated class; the dual class, and the combined, or integrated class.

In the larger school systems and larger schools, the number of handicapped students may be such as to permit

¹Ibid., p. 20.

²Daniels and Davies, op. cit., p. 412.

the establishment of separate classes. Separate classes have a distinct advantage in that, in these small groups the teacher is fully acquainted with each student, and knows his disability as well as his limitations and capacities. There is some controversy among physical educators, however, concerning the value of the separate class as opposed to the value of integrating the students into regular physical education classes. There is agreement that when the handicapped child cannot participate to his advantage in the regular course, the school should provide a special class if it is able to do so.¹

When a situation endangers the physical health of the student, he should be removed from the environment. If the regular class does not provide self-satisfaction or improvement of skills, attitudes, and physical condition, a separate class may fit his needs better.²

A number of problems confront the school administrators and physical education staff when they attempt to establish separate classes for the handicapped within the school system. More individualized instruction by a teacher who has some training in, and understanding of, the needs and abilities of the students involved is preferred.

¹Falt, op. cit., p. 21.

²Ibid.

The class often requires additional space away from the regular class in physical education, and scheduling conflicts often arise.¹

In the "dual class," the disabled student will spend one or two days a week in his adapted section, working on his special needs. The other days he may spend in a general class with his age-mates, doing as much of the work as he is able.²

The average small high school is without the resources needed to conduct separate classes in adapted physical education. This should not mean, however, that no program at all is possible. In certain situations the handicapped student can be accommodated satisfactorily in the regular physical education classes. When the planned activity can be participated in with safety and profit, the integration of the student into the regular program is greatly to be desired.³

Integrating exceptional students into the regular physical education classes has its advantage where the number of such students is few and the school cannot

¹Ibid., p. 23.

²Daniels and Davies, op. cit., p. 419.

³Ibid., p. 23.

establish special classes. It has the advantage to the handicapped student of calling less attention to his difference than his segregation might. He is also given the opportunity to adjust to normal society.

Placing the disabled student in the regular class can also work to a decided disadvantage for the student. His attempts to participate may only serve to emphasize his disability and cause him to withdraw from class participation. Moreover, his own lack of acceptance of his handicap may be reflected in his classmates with disastrous results to self-esteem.¹

The excuse problem in physical education was one of the matters discussed at a 1947 Conference on the Cooperation of the Physician in the School Health and Physical Education Program.² In the report issued, several reasons were advanced for excusing pupils. It was felt that many physicians did not fully understand the purpose or nature of physical education and therefore were not aware of its potentialities with respect to child development. Second, many programs of physical education were considered so poor

¹Ibid., p. 23.

²American Medical Association, Physicians and Schools. Report of a Conference on the Cooperation of the Physician in the School Health and Physical Education Program, Bureau of Health Education, American Medical Association, 1947, p. 19.

that they merited neither the support nor respect of the physicians. Third, many physicians recommended excuses to please parents. It is felt that the problems that existed at this time are in existence just as much in 1969.

If physical education is to achieve its avowed purpose of contributing to the fullest development of all pupils, then more adequate provision must be made for those with disabilities. This means that all students, capable of attending school, should have full opportunity for maximum growth and development.

Each student, whatever his limitations, also has certain capacities, needs, and interests. The handicapped students needs, in a democratic society, are not different from those of the non-handicapped student; they are merely greater.

Insofar as possible, these students should be offered similar experiences and under the same conditions as the other students.

What criteria should be used in determining which students may be exempted from physical education. As a general rule, it may be stated that a student should be enrolled in physical education when he can participate in physical activity to his advantage.¹

¹Fait, op. cit., p. 25.

A physical examination by a medical doctor to establish the activity tolerance level and the types of activities from which the individual can benefit is an absolute necessity.

In "Suggested School Health Policies," the following position is taken, and has strong medical support. During their school years, students should have a minimum of four medical examinations; one at the entrance to school, one in the intermediate grades, one at the beginning of adolescence, and one before leaving school. Pupils who have serious defects or abnormalities, who have suffered from serious or repeated illnesses, or who engage in vigorous athletic programs, require more frequent examinations.¹

The exemption of students from physical education classes can present unanticipated difficulties. The best way to solve the problem which will inevitably arise is to establish a clear and definite policy about the granting of excuses.

Requests for excuses from physical education will be forthcoming from students and parents even when a good

¹National Committee on School Health Policies of the National Conference in School Health, Suggested School Health Policies (third edition; Chicago, Illinois: Health Education Council, 1962), p. 17.

adapted program exists because of their failure to understand the nature of the adapted program and the values that can accrue from participation in such a program. Students in the upper grades or the secondary school are particularly likely to use the medical excuse to avoid the physical education requirement, because they lack an understanding of the contributions which the program can make to their physical well-being, and the relationship of good physical condition to successful performance in their chosen profession and the enjoyment of life's activities. Failing to fully understand the program, some physicians are frequently inclined to grant the medical excuses desired by their patients or the parents of the patients.

The matter of requests for excuses from physical education has long been of deep concern to physical educators. It must be admitted that the blame may not be entirely with students, parents, and family physicians, as many assume. Part of the problem is due to the prevalence of a single program of physical education, with one set of activities for all pupils, regardless of any limitations they may have. Until steps are taken to meet the program needs of all students, officials will find themselves in a poor position to enforce absence and school regulations.

In considering this problem at the Conference on the Cooperation of the Physicians in the School Health and

Physical Education Program, the following suggestions were made:

1. Permanent and blanket excuses should rarely, if ever, be given, when the program is adapted to needs of all pupils.
2. The number of requests for excuses may be reduced as much as fifty per cent if the physician is asked for more details regarding the students needs and the reason for the excuse.
3. There should be a limit on the time of the excuse and a definite reason for it.
4. Local medical societies may be urged to agree upon uniform policies regarding excuses from physical education.
5. Where there is a school medical advisor he should discuss the problem with the family physicians and attempt to arrive at a satisfactory solution.¹

Any permanent excuse should result from combined judgment of the teacher, physician, and family.

In some schools without an adapted program it is the policy to have students with temporary and permanent disabilities serve as hall monitors and clerks for teachers. This is a poor substitute for adapted physical education and is not acceptable in meeting student developmental needs.²

Cases in which students are absent from physical education classes, but are not absent from school, plague the physical educator. Frequently, students or their parents believe they are well enough to attend classes, but not well

¹American Medical Association, Physicians and Schools. Report of the Second National Conference, op. cit., p. 31.

²Daniels and Davies, op. cit., p. 360.

enough to participate in physical education. There are circumstances where this is true, but in the great majority of cases it is not. If a student is well enough to be in school, he is well enough to participate in physical activity. If he does not feel well enough to attend physical education, it is questionable if he should be in school at all.¹

Qualifications for teaching adapted physical education. Perhaps the most important attribute the teacher of the exceptional students can possess is emotional maturity. Emotional maturity is the ability to solve problems and adjust to the circumstances without undue emotional involvement.

The teacher of the handicapped must be a stabilizing influence, and must represent to the students the ultimate in successful adjustment. A teacher who is unable to resolve his own psychological problems is not likely to be able to assist his students in solving their problems. If his behavior is immature, he may even help to contribute to the maladjustment of his students rather than help them make satisfactory adjustments.²

¹Fait, op. cit., p. 33.

²Ibid., p. 43.

Motivated by the highest ideals regarding student developmental needs, the teacher must be prepared to give all the time and effort necessary to help them overcome difficulty. The willingness to help must be fortified by the knowledge of how to help.

Much of the real work is accomplished through a very personal teacher-pupil relationship. This relationship is probably the key to success in this work. One has to know all about a student; his disability, his attitude toward it, his attitude toward life in general, his hopes, and his fears.

He should understand enough about the common disabilities found in a school population to know what the youngster has been through before the youngster reports to him.

Patience and a sense of humor are indispensable qualities, because progress for the handicapped could be very slow. He should have a good imagination, because of limited facilities and equipment, organizational ability, strong leadership, and a great enthusiasm for teaching physical education to all regardless of their capabilities.

Values gained from adapted physical education. As a consequence of having fostered a good learning situation in physical education, certain changes occur in the student.

The most obvious change will undoubtedly be in an improvement of skills. Another desirable change which will occur from good teaching is the students understanding and appreciation of his personal limitations and attributes. This manifests itself in an improved attitude toward himself and toward others.¹

For many handicapped individuals who suffer serious personality maladjustments, this is the first long step toward better adjustment and the development of more wholesome personality traits.

¹Ibid.

CHAPTER II

SELECTION OF SCHOOLS, THE QUESTIONNAIRE, AND RESULTS OF THE STUDY

As was shown in the previous chapter, the atypical student is included in the total enrollment in most of our schools. The physical education classes should, therefore, be adapted to provide for the educational needs of these students.

It was the purpose of this study to determine what Iowa high schools are doing to fulfill the needs. To aid in the study, a questionnaire was developed and sent to selected Iowa high schools.

I. SELECTION OF SCHOOLS

In order to obtain an equal representation of schools, one hundred copies of the questionnaire were equally distributed to schools with the following enrollments: below 200, 200 to 399, 400 to 699, and above 700. In an effort to determine if geographical area had any effect, the schools were picked from five sections of Iowa; northeast, northwest, central, southeast, and southwest.

II. THE QUESTIONNAIRE

The questionnaire was designed primarily to determine what high schools in Iowa are doing to include the atypical

student in their physical education classes. A copy of the questionnaire is included in the appendix.

The purpose of the first part of the questionnaire was to find out if the physical education program was designed to include the atypical student, and if he was included, did he participate in the regular class, or did he have special classes. If the student was included in the regular class, in what types of activities was he allowed to participate. If he was in a special class, was it designed to be corrective or did it contain regular physical activities.

Following this, questions were asked to determine why, in many instances, students were not included in the physical education program.

Since excess excuses from physical education are of great concern to physical educators, the questionnaire was also designed to determine what was used as a basis for being excused, both temporarily and permanently, from physical education classes; what was used as a basis for returning to physical education following absence; and what was done with the student when he was excused from physical education.

The final part of the questionnaire was designed to determine the number of disabilities that exist now, or have existed in the past, in the selected schools. Also

from this, it is determined whether they were excused from physical education, included in the regular class, included with limited activity, or put in a special class.

III. RESULTS OF THE STUDY

Design of the Physical Education Program to Include the Atypical Student

In the schools selected, thirty included the atypical student in the regular class, participating only in the activities that he was capable of doing; thirty-two included the student in the regular class, but gave him limited roles; and eleven included him in all of the activities, with no allowances being made for his disability.

In four schools, special classes were provided for the atypical student. Some of these were designed to be corrective, and others offered regular physical activities.

As might be expected from previous studies, many of the teachers questioned had no program designed to provide for the atypical student.

Included in the physical education program. From the teachers reporting, forty-six indicated that their program was designed to include the atypical student in the physical education classes, and thirty-seven felt that theirs was not.

The area of the state, and the size of enrollment seemed to make little difference. In schools with an enrollment below two hundred, ten reported that their program was designed to include the atypical student, while seven of them stated that theirs was not. In schools with an enrollment between 200 and 399, nine felt that their program was designed to include the atypical student, and twelve said that theirs was not. Fifteen of the schools, between 400 and 699, answered yes to this question, but eleven of them answered no. Twelve of the schools with an enrollment above seven hundred indicated that their program was designed to include the atypical student, while seven of them reported that theirs was not.

It must be noted, however, that the remainder of the study indicates that, in most cases, the atypical student is enrolled in the regular physical education class. Therefore, in answering that their program was designed to include the atypical student, the teachers meant that he was enrolled in the regular physical education classes with little, if any, allowance being made for his disability.

Regular or special classes. All but four of the teachers reporting indicated that the atypical student, if included at all, participated in the regular physical education class.

Three of the teachers, all in schools with an enrollment over seven hundred, answered that they had special classes for the atypical student. A fourth school, also over seven hundred, is in the process of putting in a special class to be attended once a week.

In the three schools now having a special class, the program is designed to be corrective, in part, but also contains physical activity similar to that of the regular physical education classes. The program of the school, in the process of starting a special class, is set up to be primarily corrective.

Only one of the four schools employs a physical education teacher who has had special training in teaching the atypical student. In the other three schools, the regular physical education teacher also teaches the special classes.

Activities in the regular classes. As has been indicated, the great majority of student, considered to be atypical, have no special class, but instead attend the regular physical education classes with the other students in the school. This, of course, is true if they attend physical education classes at all.

As indicated by the data, the atypical student, when included in the regular physical education class, was

allowed to do the activities that he felt that he could do, and was excused from any that the student felt that he could not do. In some cases the student was used to score, officiate, or spot.

One teacher reported that the atypical student worked with weights and exergenie, and some stated that the student was excused from the physical activity, but was included in the classroom portion of physical education.

Thirty-two of the teachers reported that the atypical student is included in all activities, but is given limited roles; in thirty of the schools he is allowed to participate only in what he is capable of doing; and in eleven schools he is treated the same as others, meaning that no compensation is made for his disability. The deciding factor in determining what he does is the nature of his disability.

It was felt by one of the teachers, that students with a disability will, if allowed to participate with normal students, learn to participate and compete with them.

Size of school and area of location seemed to make no difference in student participation with one exception. Schools below two hundred reported that, in eight of the schools, students were allowed to participate in all activities with limited roles, and in three of the schools they

were included only in what they were capable of doing. The reverse was true for schools over seven hundred, where ten were included in what they were capable of doing, and six were included in all activities with limited roles. This could be caused by larger schools being able to offer a more diversified program.

Disabilities Present in the Selected Schools

It has been pointed out that in eleven of the schools, the atypical students are included in the regular physical education class, participating in the same activities as the normal students; sixty-two indicated they were included in the regular class, but given limited activity; and four schools have special classes for the atypical students. In all of these schools, with the exception of the ones with special classes, many of the atypical students are excused from physical education altogether. The teachers were asked to give information showing the disabilities, now or previously present, and into which of these classifications they fall.

In Table I and the sections that follow, the number and kind of disabilities present in the eighty-three schools are given. Also shown are the numbers included in regular physical education classes; included with limited activity; placed in special classes; or excused from physical education.

TABLE I

DISABILITIES PRESENT IN SELECTED IOWA HIGH SCHOOLS, AND THE NUMBER EXCUSED FROM PHYSICAL EDUCATION, INCLUDED IN THE REGULAR CLASS, INCLUDED WITH LIMITED ACTIVITY, OR PARTICIPATING IN A SPECIAL CLASS

Type of disability	Excused from physical education	Included in regular class	Included, but with limited activity	Special class
Hand amputation	0	9	4	0
Arm amputation	0	5	4	0
Foot amputation	4	3	2	0
Leg amputation	2	5	4	0
Toe amputation	0	1	0	0
Sprain	22	11	40	0
Fractures	44	4	16	0
Torn ligaments	33	5	23	0
Bruises	7	31	24	0
Infection	37	10	18	0
Dislocation	40	5	16	0
Slight heart murmur	6	25	30	0
Organic heart murmur	18	3	11	2
Cerebral palsy	6	7	10	1
Epilepsy	4	28	15	0
Poliomyelitis	5	17	16	3
Loss of sight in one eye	0	40	6	0
Loss of sight in both eyes	11	1	0	2
Limited sight	0	28	12	1
Hearing impairment	1	42	3	0
Anemia	2	13	13	0
Asthma	9	34	29	1

TABLE I (continued)

Type of disability	Excused from physical education	Included in regular class	Included, but with limited activity	Special class
Diabetes	6	37	10	0
Emotional problems	4	37	5	1
Malnutrition	1	14	5	0
Mentally retarded	3	31	6	5
Neuromuscular condition	4	13	9	1
Deformity of legs	9	21	18	1
Deformity of arms	2	22	15	1
Thyroid deficiency	0	0	1	0
Back injury	0	1	1	0
Deformity of hand	0	1	0	0

Amputations. In cases where a student had an amputation of the hand, thirteen were reported. Of these thirteen, nine are included in the regular class, and four are included with limited activity.

Nine schools had students who have had an arm amputated. In five of these cases, the students were included in the regular class, and four of them were included with limited activity.

Where a foot had been amputated, the schools evidently felt the program would be disrupted if the student was included. Of the nine reported, four were excused from physical education, three were included in the regular class, and two were included with limited activity.

Strangely, more students with leg amputations were included in the physical education class than there were with foot amputations. Eleven students had leg amputations, and only two were excused from physical education. Five of them were included in the regular class, and four were included with limited activity.

One toe amputation was reported, and the student was included in the regular class.

Sprains. Sprains are a common injury to high school students, particularly to the athletes. Seventy-three sprains were indicated, with forty of them being included

in the physical education program, but with limited activity. Eleven were included in the regular class activity and twenty-two were excused. Obviously, since sprains vary in severity, the type of sprain, as well as how recently it occurred, would dictate the students place in physical education.

Fractures. In most cases, students with fractures would be excused from physical education, depending on the fracture. Fractures of fingers, toes, and the nose would be examples of exceptions. Of the sixty-four fractures reported, forty-four were excused, sixteen were given limited activity, and only four were included in the regular activity.

Torn ligaments. Sixty-one torn ligaments were indicated. As was true with fractures and sprains, there are many types of torn ligaments. Some are much more severe than others, and some are located in more strategic areas. Thirty-three were excused from physical education, twenty-three were given limited activity, and five were included in the regular activity.

Bruises. Bruises would be a very common disability, and would have a wide range of severity. In many cases, bruises would be so insignificant that they would not be

reported. Sixty-two were reported, and of these, thirty-one were included in regular activity, twenty-four were given limited activity, and only seven were excused.

Infection. It is probable that many minor cases of infection go unreported. Of the sixty-five cases that were reported, thirty-seven were excused from physical education, which would indicate that the cases were more severe. Eighteen were included with limited activity, and ten were included in the regular activity.

Dislocation. Of the sixty-one students reported with dislocations, forty of them were excused from physical education, sixteen were included with limited activity, and five were included in all of the activities.

Slight heart murmur. Sixty-one of the students from the selected schools had a slight heart murmur. A student with a slight murmur would, no doubt, be under the care of a physician. Only six of these students were excused from physical education, while twenty-five were included with regular activity, and thirty were included with limited activity.

Organic murmur. Since the organic murmurs are more severe, they are not as prevalent; but of the cases that were reported, more were excused from physical education.

Thirty-two cases were evident in the schools. Of these, eighteen were excused, eleven were given limited activity, and three were included in the regular class activities. Two students with organic heart murmurs were enrolled in special physical education classes.

Cerebral palsy. Twenty-four cases of cerebral palsy were included in the disabilities reported. Ten of these were allowed to participate with limited activity, seven were included in regular activities, six of them were excused, and one was enrolled in a special class.

Epilepsy. Since epilepsy is able to be controlled, in most cases, only four of the forty-seven cases reported were excused from physical education. Twenty-eight of them were included in regular activities, and fifteen were given limited activity.

Poliomyelitis. Although new cases of polio are minimal, there are students, in the schools, having effects from the disease. Forty-one cases were reported. Of these, seventeen were included in regular activity, sixteen were included, but with limited activity, five were excused, and three were enrolled in a special class.

Visual handicaps. Forty-six students were reported that had a loss of sight in one eye. Forty of them were

included in all of the regular activities, and six were given limited activity. None found it necessary to excuse the students.

Fourteen schools had students with loss of sight in both eyes. Eleven of these were excused from physical education, and one included the student in the regular class. In two cases, students were sent to special schools.

Limited sight was prevalent in forty-one cases. Twenty-eight of them were included in regular class activities, twelve were given limited activity, and one was sent to a special school.

Hearing impairment. Forty-six students were reported to have a hearing impairment. Only one was severe enough to be excused from physical education. Forty-two of them were included in the regular activity, and three were given limited activity.

Anemia. Twenty-eight students were reported to have anemia. More that are unreported probably exist. Thirteen are included in the regular activity, thirteen are given limited activity, and only two were severe enough to be excused.

Asthma. Seventy-three cases of asthma were indicated. Of these, thirty-four were included in the regular

activity, twenty-nine were given limited activity, nine were excused, and one was placed in a special class.

Diabetes. Fifty-three cases of diabetes were reported. Thirty-seven of them were included in the regular classes, ten were given limited activity, and six were excused.

Emotional problems. Of the forty-seven students reported that had emotional problems, thirty-seven were included in the regular activities, five were given limited activity, four were excused from physical education, and one was enrolled in a special class.

Malnutrition. Twenty cases of malnutrition were reported. Fourteen were included in the regular class activity, five were given limited activity, and one was excused from physical education.

Mentally retarded. Forty-five students were considered to be mentally retarded. Thirty-one were included in the regular physical education classes, six were given limited activity, three were excused, and five were given physical education in special classes.

Neuromuscular condition. Twenty-seven students had a neuromuscular condition. Thirteen were included in the regular physical education classes, in the regular activity;

none were given limited activity, four were excused, and one was enrolled in a special class.

Deformity of legs. Of the forty-nine students with a deformity of the legs, twenty-one were included in the regular class activity, eighteen were given limited activity, nine were excused, and one was enrolled in a special class.

Deformity of arms. Forty students were reported to have a deformity of the arms. Twenty-two were included in the regular class, fifteen were given limited activity, two were excused, and one was put in a special class.

Deformity of the hand. One deformity of the hand was reported, and that student was included in the regular class activity.

Back injury. One school indicated a back injury present, and that the student was included in the regular class activity.

Thyroid deficiency. Only one case of thyroid deficiency was reported, and this case was included in the regular physical education class, but given limited activity.

Student Not Included in the Physical Education Class

In most of the schools, there are students who are not included in the physical education class at all. Some of the reasons the student is excluded would be: indifference on the part of the administration, lack of facilities, lack of time, insufficient personnel, and a physician recommending the excuse. Some of the physical education teachers, themselves, might feel that it would hamper the entire physical education program to include the few atypical students.

Why the student is not included. The majority of physical educators stated the reason the atypical student was, in many cases, excluded from the physical education classes was a result of the physician recommending that the student be excused. Whenever the physician signs a statement saying that the student should be excused, the physical education teacher is compelled to abide by this statement, even though the reason for the excuse could be without foundation.

Secondly, the teachers felt that inadequate facilities were an important factor in excluding the atypical student. It was felt that in including him in the regular physical education, more gymnasium area would be required, so that it would not interfere with others.

A third reason was the lack of time. It was felt that the regular physical education teacher did not have the time to teach his class as he should if he had to give individual attention to the atypical student. Fifty-one of the schools said that they did not feel the physical education program would suffer by including the atypical student. Twenty-six schools thought that it would. The reasons given by these schools were that the regular activities would have to be adapted to include the atypical student, or the teacher would have to spend too much time with the atypical student, thereby causing the physical education for the majority to be limited.

Excuses From Physical Education

Students being excused from physical education, excessively, is a problem to physical educators. As has been indicated, parents and physicians are quick to write excuses for students, so that they can be excused from the physical education class. Much of this is caused by lack of knowledge about the physical education program on the part of the physician and parent, but much of it could also be the fault of the program in failing to provide a program designed to care for those who are atypical. It is important that there is communication between the physician and the physical educator so that the needs of the atypical student in physical education can be met if at all possible.

Basis for being excused from physical education.

In most of the schools there are some atypical students who will be excused from physical education on a permanent basis. In all but three of the schools, a statement from a physician would be necessary to be excused permanently. In most of these, this statement would have to be renewed each year to be sure the student was in the same status. In ten of the schools, a request from the school nurse would be sufficient to have the student excused permanently. Sixty-five of the teachers answered that either the physician or nurse would be sufficient. Five of the teachers indicated that a note from home would be enough to provide a permanent excuse, and in one case a request from the student would be sufficient.

For temporary excuses, sixty-five of the teachers still indicated that a statement from a physician would be required in many of the cases. However, a note from home would be all that forty-one would require for a temporary excuse. In thirty-five of the cases, the school nurse would be the one to decide if the student should be excused from physical education on a temporary basis, and in seven of the schools, the student could request that he be excused, and it would be granted.

Seventy-eight of the teachers would excuse the student for one or two periods when a note from home was

presented. Occasionally, a request from the student was allowed when sudden illness occurred. If the student missed three or more class periods, a statement from a physician was necessary.

One teacher stated that the student must attend all classes, and that only a statement from a physician or nurse would excuse them.

Basis for return to the physical education class.

In allowing a student to return to physical education following an extended illness or injury, fifty-seven of the teachers reporting indicated that they required a statement from a physician before the student was allowed to return. Twenty-six reported that a note from home would be sufficient in most cases. Twenty-four indicated that permission from the school nurse would be needed before the student could return, and eleven said that the student requesting that he come back would be sufficient to admit him.

Communication between the physical education teacher and physician. As was indicated in the review of the literature, many of the excuses from physical education are caused by lack of knowledge concerning the program on the part of the physician, and lack of communication between the physical education teacher and the physician.

Of the teachers answering the questionnaire, forty indicated that they communicate with the physician to determine the extent of the atypical students physical activity, whereas thirty-eight of them did not.

Physical examination. Physical examinations were required in ten of the schools, and seventy of them indicated that no examination was required. In most cases, only those participating in extracurricular activities are required to have physical examinations each year.

One teacher expressed that the physical education staff of his school was interested in having something done to require physical examinations each year.

Activity of students excused from physical education. The atypical student, who is excused from physical education is given a number of different activities. A lot depends on whether he is excused permanently, for a few periods, or just for one day.

Forty-three of the teachers indicated that the student was sent to study hall when he was excused from physical education. Thirty-nine of these stated that this was the case when it was an extended excuse only. If the excuse was for more than one period, the student would be sent to study hall, but for just one period, he would remain in class and observe the activity.

Fifty-seven schools said that the student remained in the class and observed class activities, and in some cases would keep score, spot, officiate, handle the equipment, or help the teacher.

Seven of the schools gave the job of folding towels to the student who was excused.

CHAPTER III

SUMMARY AND CONCLUSION

Summary. According to previous studies, between five and ten per cent of the school age population suffered some type of physical or mental deficiency, and over 160,000 junior and senior high school pupils were not enrolled in physical education.

From this information, it is evident that, to fulfill the needs of the atypical student, the physical education program should be adapted to include him.

In Iowa high schools, four of the eighty-three schools returning the questionnaire indicated they had special classes for the atypical student. The remaining schools, if including the atypical student at all, included him in the regular physical education class. When including the atypical student in the regular class, thirty-two of the schools allow him to participate in all of the activities, but with limited roles; thirty of them include him in the activities that he is capable of doing; and in eleven of the schools, he participates in all of the activities, with no provision being made for his disability.

In many of the schools, the atypical student is not included in physical education at all. The physician recommending that the student be excused was the primary

reason given. Many of the schools felt that a lack of facilities caused them to exclude the atypical student. Others stated that, because of a lack of time, the program could not be adapted for the atypical student.

Fifty-one of the schools said that they did not feel the physical education program would be limited by including the atypical student. However, most of these schools included the student, with no provision being made for his disability.

Twenty-six of the teachers stated that the program, and the other students, would be limited if the atypical student was included. It was felt that the class would have to be adapted to the atypical student, and also that the teacher would have to spend too much of his time with him.

Excessive excuses from physical education plague the physical educator. Parents and physicians are quick to write excuses for students, so that they can be excused from physical education. This is true because of lack of knowledge concerning the program on their part or failure of the program to facilitate the needs of the student.

If students are excused for just a day or two, they usually remain in the physical education class observing the activities, keeping score, spotting, officiating,

folding towels, or helping the physical education teacher in setting up the class activity.

To be excused permanently, or for an extended period of time, a statement from a physician is normally required. When the student is to be excused for one or two periods, a note from home is usually satisfactory.

Conclusion. The findings indicated that many of the atypical students, who are enrolled in Iowa high schools, are excluded from physical education. When they are included in the regular class, no special provision is made for their disability. They participate equally with the normal students when they are able to do so. When the activity is such that they cannot participate, they are given the role of spectator, as they observe the activities of the other members of the class.

The physical education teachers reported having 1,169 atypical students in their schools. Of this number, 280 were excused from physical education. In most cases, those who are excused are the ones who would benefit most from the physical education classes.

Parents and physicians are influenced, much too easily, to write excuses for the student with a disability. This makes it difficult for the teacher, who is attempting to adapt the program, to include the atypical student.

The findings indicate that when a student is excused from physical education, in many cases, it is because the teacher believes that it is better to excuse the student than to adapt the program to include him, thereby causing the normal students in the class to be limited.

It is evident that, with as many as ten per cent of our school population considered to be atypical, it is important to adapt the physical education program to include them, and to provide for their individual differences. To do this, the physical educator must adapt his program to include this student. Once this is done, he should make an effort to communicate with physicians and parents so that they fully understand the program and the benefit that it has for the student.

It would be difficult for most small schools, and many of the large ones, to offer special classes for the atypical student. In all but a few cases, the student could be included in a regular adapted class. If the school can provide a special class for those who are unable to participate in a regular class that has been adapted, it would, of course, be beneficial.

Although the importance of having an adapted physical education program can readily be seen, the position of most of the schools can be summed up in the statement of one of the larger schools in the study. "Until some measures have

been taken to acquire facilities and teachers to handle a program, certainly, in our situation and I am sure in many others, a program for students with physical disabilities is not possible."

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APPENDIX

FIELD STUDY QUESTIONNAIRE

ADAPTED PHYSICAL EDUCATION IN SELECTED IOWA HIGH SCHOOLS

1. Is your physical education program designed to include the atypical student?

Yes____ No____

2. If the answer to the above question is yes, are these students included in regular classes or do they attend special classes?

Regular____ Special____

3. Where these students are included in regular classes are they:

____ Included only in activities they are capable of doing?

____ Included in all activities, but allowed limited roles?

____ Treated the same as others?

____ Others

4. Where these students have special classes do they have a:

____ Teacher who has had special training in teaching atypical students?

____ Regular physical education teacher?

5. Are these classes designed to correct the physical deviation or does the student participate in ordinary physical activity?

____ Corrective

____ Ordinary

____ Others

6. If the atypical student is not included in the physical education program the reason is:

___ Indifference on the part of the administration.

___ Limited facilities.

___ Insufficient time.

___ Limitation of personnel trained in this area.

___ Physician recommending student be excused.

___ Others

7. Do you believe the physical activity for the average student in the physical education program would be limited if provisions were made to include the atypical student?

Yes ___ No ___

8. If the answer above was yes, reasons would include:

___ The teacher having to spend too much time with individual instruction.

___ The regular activities having to be adapted to include the atypical student.

___ Others

9. Do students who are excused from physical education:

___ Go to study hall?

___ Fold towels?

___ Observe class activities?

___ Others

10. Is the student required to pass a physical examination before enrolling in physical education?

Yes____ No____

11. Does the physical education teacher communicate with the physician to determine the extent of the atypical students physical activity?

Yes____ No____

12. What is used as a basis for being excused from physical education permanently?

____Note from a physician.

____Note from home.

____Request from the school nurse.

____Request from the student.

____Others

-
13. What is used as a basis for being excused from physical education temporarily?

____Note from a physician.

____Note from home.

____Request from the school nurse.

____Request from the student.

____Others

14. What is used as a basis for returning to physical education class following a students illness or injury?

____ Note from a physician.

____ Note from home.

____ Permission from the school nurse.

____ Request from the student.

____ Others

15. What types of physical disabilities are now, or have been, present in your school? Check the spaces that apply to each condition.

<u>Type of Disability</u>	<u>Excused from Physical Education</u>	<u>Included in Regular Class</u>	<u>Included, but with Limited Activity</u>	<u>Special Class</u>
<u>Amputations</u>				
hand	_____	_____	_____	_____
arm	_____	_____	_____	_____
foot	_____	_____	_____	_____
leg	_____	_____	_____	_____
<u>Bone and Joint Conditions</u>				
sprains	_____	_____	_____	_____
fractures	_____	_____	_____	_____
torn ligaments	_____	_____	_____	_____
bruises	_____	_____	_____	_____
infection	_____	_____	_____	_____
dislocation	_____	_____	_____	_____

<u>Type of Disability</u>	<u>Excused from Physical Education</u>	<u>Included in Regular Class</u>	<u>Included, but with Limited Activity</u>	<u>Special Class</u>
<u>Heart Disease</u>				
slight murmur	_____	_____	_____	_____
organic murmur	_____	_____	_____	_____
<u>Cerebral Palsy</u>	_____	_____	_____	_____
<u>Epilepsy</u>	_____	_____	_____	_____
<u>Poliomyelitis</u>	_____	_____	_____	_____
<u>Visual handicaps</u>				
loss of sight in one eye	_____	_____	_____	_____
loss of sight in both eyes	_____	_____	_____	_____
limited sight	_____	_____	_____	_____
<u>Hearing Impairment</u>	_____	_____	_____	_____
<u>Anemia</u>	_____	_____	_____	_____
<u>Asthma</u>	_____	_____	_____	_____

<u>Type of Disability</u>	<u>Excused from Physical Education</u>	<u>Included in Regular Class</u>	<u>Included, but with Limited Activity</u>	<u>Special Class</u>
<u>Diabetes</u>	_____	_____	_____	_____
<u>Emotional Problems</u>	_____	_____	_____	_____
<u>Malnutrition</u>	_____	_____	_____	_____
<u>Mentally Retarded</u>	_____	_____	_____	_____
<u>Neuromuscular Condition</u>	_____	_____	_____	_____
<u>Deformity of Legs</u>	_____	_____	_____	_____
<u>Deformity of Arms</u>	_____	_____	_____	_____
<u>Others</u>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____